

**PATERNITY DECLARATION INFORMATION REQUEST  
(FOR USE BY PUBLIC AGENCIES ONLY)****REQUEST TYPE:** ☐ VERIFICATION ☐ CERTIFIED COPY ☐ FAXED COPY

CHILD'S NAME (FIRST, MIDDLE, LAST)

CHILD'S COUNTY OF BIRTH

CHILD'S DATE OF BIRTH

MOTHER'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S SOCIAL SECURITY No.

MOTHER'S DATE OF BIRTH

FATHER'S NAME (FIRST, MIDDLE, LAST)

FATHER'S SOCIAL SECURITY No.

FATHER'S DATE OF BIRTH

**REQUESTOR INFORMATION**

AGENCY REQUESTER NAME

PHONE NUMBER

REQUEST DATE

E-MAIL ADDRESS

FAX NUMBER

NAME OF COUNTY

☐ CHILD SUPPORT AGENCY ☐ WELFARE OFFICE ☐ COURTS

RETURN MAILING ADDRESS

**SEND WRITTEN REQUESTS TO:****California Department of Child Support Services  
Paternity Opportunity Program  
P.O. Box 419070  
Rancho Cordova, CA 95741- 9070****SEND FAX REQUEST TO:****(916) 464-5062****FOR FURTHER INFORMATION CONTACT A STATE POP COORDINATOR AT:****(866) 249-0773****FOR STATE USE ONLY**☐ RECORD ON FILE ☐ COPY ATTACHED ☐ NO RECORD FOUND

INITIALS AND DATE: